



**RHODE ISLAND DEPARTMENT OF REVENUE  
DIVISION OF MOTOR VEHICLES  
REGISTRATION RENEWAL**

**RENEWAL APPLICATION MUST BE MAILED  
OR  
RENEW ONLINE AT [WWW.DMV.RI.GOV](http://WWW.DMV.RI.GOV)**

**ALLOW 2 WEEKS FOR PROCESSING BY MAIL**

**INSTRUCTIONS:**

1. Insurance information **MUST** be completed in order to process. Renewal application will be returned if Policy Number, Insurance Company Name (not insurance agent) and effective dates are not completed in full.
2. If your application is marked "unpaid taxes", it must be stamped by the tax collector of the community indicated.
3. Insert this form and check or money order payable to: Division of Motor Vehicles into the window envelope provided.
4. Registration number **MUST** be indicated on the lower left-hand corner of check or money order.
5. Information on the Federal Privacy Protection Act of 1994 and RI Law 97-H5972 is included on the application.

**\*\*\* The Division of Motor Vehicles is no longer accepting walk-in registration renewals. \*\*\***

**All applications must be mailed or put in the drop box at each  
Division of Motor Vehicles location or renew online at [WWW.DMV.RI.GOV](http://WWW.DMV.RI.GOV)  
DO NOT mail cash. Money orders are available at all US Post Offices.  
Temporary or third party checks are not acceptable.**

**\*\*\* Renewal fee includes a technology surcharge of \$1.50 per transaction. \*\*\***

**RE-REGISTRATION IS REQUIRED 90 DAYS AFTER EXPIRATION**

**YOUR SIGNATURE AND INSURANCE INFORMATION IS REQUIRED IN ORDER TO PROCESS YOUR RENEWAL APPLICATION**

PLATE

TAX TOWN

REGISTRATION FEE \$

Insurance Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

**MANDATORY**

I, the undersigned, hereby make application to register the described vehicle for use shown on this form, and as part of my application declare that I am the owner and that the following information is true to the best of my knowledge and belief. I certify under penalty of perjury that I have read the statement on the reverse side and will abide by conditions stated herein.

"I hereby certify knowledge of applicable Federal and State motor carrier safety regulations and laws and declare that all operations will be conducted in compliance with such requirements."

SIGNATURE

DO YOU WANT PERSONAL INFORMATION DISCLOSED?

☐ YES

☐ NO

NAME:

ADDRESS:

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Dept. of Revenue/Division of Motor Vehicles  
P.O. Box 1421  
Providence, RI 02901-1421**

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**AFFIDAVIT OF COMPLIANCE FOR INSURANCE OR OTHER FINANCIAL RESPONSIBILITY**

The undersigned (hereinafter referred to as "applicant") swears that, in compliance with Title 31, Chapter 47 of the General Laws, Motor and other Vehicles, known as the Motor Vehicles Reparations Act, he/she will not operate or allow to be operated the motor vehicle described in this registration nor any other motor vehicle unless all such motor vehicles are covered for financial security.

Because of concern over the rising toll of motor vehicle accidents and the suffering and loss thereby inflicted, the legislature determined that it is a matter of grave concern that motorists shall be financially able to respond to damages for their negligent acts so that innocent victims of motor vehicle accidents may be recompensated for the injury and financial loss inflicted upon them. The aforementioned act was passed to address such concern.

The act requires every natural person, firm, partnership, association or corporation registering a vehicle or renewing the registration of a vehicle to aver that he/she will provide financial security on same.

The obligation will be met by maintaining a policy of liability insurance with bodily injury limits of \$25,000 to any one person and \$50,000 to two or more persons in any one accident along with a limit of \$25,000 for injury to or destruction of property of others in any one accident or a combined bodily injury and property damage liability limit of \$75,000, OR by filing with the assistant director for motor vehicles in the Department of Revenue in the amount of \$75,000; OR by making a financial security deposit with the assistant director for motor vehicles in the Department of Revenue in the amount of \$75,000; OR by qualifying as a self insurer.

Penalties for failure to comply with the provisions of the act are a minimum fine of \$500, maximum fine of \$5,000 and revocation of the motor vehicle registration and license plates for a period of three months for the first offense, six months for the second and one year for the third and subsequent offenses. In addition, violation of the law a third or subsequent time is deemed a misdemeanor and punishment may include a maximum fine of \$5,000, a year imprisonment or both.

The existence of this act and its requirements does not prevent the possibility that the applicant may be involved in an accident with an owner or operator of a motor vehicle who is without financial responsibility.